Circle A, Medical, Inc.
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Van Nuys, CA 91406

Tel: 818-705-5511
Fax: 818-757-7676
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NEW ACCOUNT & CREDIT APPLICATION

RESPONSIBLE PARTY:

D.B.A. (Organization Name):

Billing Address:

Shipping Address:

Tel: Fax:

Email Address: Website:

ORGANIZATION TYPE

☐ Corporation ☐ Partnership ☐ Proprietorship
☐ Owner ☐ Partner ☐ Officer

Organization Tax ID:

Owner's Name: Owner's Name:

Address: **Address**:

City: State: Zip: City: State: Zip:

SSN/ TAX ID: SSN/ TAX ID:

Title: Title:

BANK REFERENCE:

Bank Name: Acct Number:

Address:

City, State, Zip:

Telephone: Fax:

TRADE REFERENCE:

Company Name: Address:

Telephone: Fax: Acct No:

Company Name: Address:

Telephone: Fax: Acct No:

I authorize Circle A, Medical to contact any or all of the above credit reference regarding our credit standing. I understand that a personal credit report may be obtained. We collectively agree to pay Circle A, Medical for any and all supplies purchased by us. Unless otherwise specified all terms are net 30. Prices are subject to change without written notice. Past due accounts subject to service charge of 1.5% per month. I agree to pay reasonable attorney's fees in the event the account is referred to an attorney. I have read the above agreement and agree with its terms:

Responsible Party's Signature: Date:

Entity President/ CEO's Signature: Date:

PLEASE FAX OR MAIL COMPLETED FORM ALONG WITH RESALE CERTIFICATE, COPY OF STATE LICENSE AND DEA CERTIFICATE TO CIRCLE A MEDICAL INC. ATTENTION: CUSTOMER SERVICE.
Email: tina@circleamedical.com FAX #: 818.757.7676

THANK YOU